Michigan Part C *Early On*®

State Systemic Improvement Plan (SSIP)
Phase I

Michigan's State Systemic Improvement Plan (SSIP)
Part C
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Supporting Documents are included with hyperlinks throughout the report, rather than being included as Appendices.

SSIP Overview

The Michigan Department of Education (MDE) is the lead agency for the implementation of Part C of the Individuals with Disabilities Education Act (IDEA). Part C of IDEA is commonly known as *Early On* within the state. Leadership for *Early On* is located in the Office of Great Start/Early Childhood Development and Family Education (OGS/ECD&FE). *Early On* collaborates extensively with the Michigan Department of Community Health (DCH), the Michigan Department of Human Services (DHS), and the Michigan Interagency Coordinating Council (MICC), the state interagency coordinating council. Effective April 10, 2015, DCH and DHS will be combined to form the Michigan Department of Health and Human Services.

There are 56 intermediate school districts responsible for the administration of *Early On* across the state. Each local early intervention program is required to have a Local Interagency Coordinating Council (LICC) to provide advice for its system of services. The LICCs are patterned after the MICC, requiring representative stakeholders as well as parent membership.

A Michigan Part C comprehensive general supervision system is in place to assist in achieving improved results for infants and toddlers with disabilities and/or a developmental delay and their families. As of October 2013, the number of children served was 17,781, and the snapshot count was 8,984.

A Project Manager was selected to organize, coordinate, and facilitate Phase I of the SSIP. Forty-nine stakeholders formed the SSIP Committee and participated in various stages during the first phase of the SSIP. Representation from the following perspectives included: MICC members; parents; service providers from urban and rural districts; *Early On* Coordinators from urban and rural districts; Part C contractors responsible for public awareness, comprehensive system of personnel development (CSPD), and data collection; interagency partners; experts in the field of social and emotional development; North Central Regional Resource Center (NCRRC) staff; a Race to the Top Early Learning Challenge (RTT-ELC) MDE state-level staff member; a representative from the Early Childhood Investment Corporation (ECIC) (a public-private nonprofit entity focused on systems that support positive child outcomes); a Part B, Section 619 representative; representatives from the Office of Special Education (OSE) with knowledge of policy and programs; representatives from the Michigan Association of Intermediate School Administrators Early Childhood Committee (MAISA) and the Michigan Association of Administrators of Special Education (MAASE); a developmental pediatrician (who is also an MICC member); a representative from higher education (offering preservice education and training for young children with disabilities); the Head Start State Collaboration director; an intermediate school district (ISD) special education director; a representative from the Autism Alliance of Michigan; the Part C contractor responsible for family engagement; the SSIP leads for Part B; and state Part C staff. [Participant List]

The committee began meeting in April 2014 and met regularly through March 2015. In addition to the SSIP Committee, a Core team consisting of a subset of the SSIP

Committee was established to assist the Project Manager in planning, preparing, executing the meetings, assisting with follow up after the meetings, and developing the final report.

A timeline was developed so that important steps throughout Phase I were carried out in an orderly and timely manner.

The SSIP Committee engaged in dialogue about the SIMR on a regular basis. In March 2015, the final decision on the SIMR was made:

> **To increase the social and emotional outcomes for infants and toddlers in targeted service areas as measured by Indicator 3a, Summary Statement 2, by 11.2 percentage points by 2018.**
>
> **Baseline data for Indicator 3a, Summary Statement 2, FFY 2013, for the targeted service areas are 40.4 percent, and by 2018 the data for these areas will reflect an increase to 51.6 percent.**

The SIMR will measure Summary Statement 2, which is the greatest area of need for improvement. The most recent data for Summary Statement 1 showed slight improvement which led the SSIP Committee to agreement around targeting efforts towards Summary Statement 2.

Michigan selected four service areas to pilot improvement strategies during the next two phases of the SSIP, based on multiple data sources that relate to the SIMR. Factors for selection included Annual Performance Report (APR) data for Indicators 1-8 with special attention paid to Indicator 3a. Data from years 2009-2013 were considered along with both Summary Statements. Federal Fiscal Year (FFY) 2013 data show a slight increase in outcomes for Summary Statement 1; therefore, those service areas that did not meet the targeted percentages for Summary Statement 2 consistently were given greater consideration.

In addition, the reporting rate for Child Outcome Summary (COS) data was considered. Those service areas with a higher COS reporting rate were considered to be more reliable.

Peer group size and geographic location around the state were considered. While a large sample size is needed to show statewide improvement by 2018, the SSIP Committee felt it was also important to study a smaller service area so that when the improvement strategies are scaled up statewide, information will be learned about what works for both large urban areas as well as small rural areas of the state.

The Michigan Mandatory Special Education Act is a state law passed in 1971, ensuring special education to resident children with disabilities from birth to age 26. Services provided under this act are known as Michigan Mandatory Special Education (MMSE). Michigan is a "birth mandate" state, and as such provides support and/or services to individuals from birth to age 26 who meet the eligibility

definitions put forth in Michigan Administrative Rules for Special Education (MARSE) under the Michigan Compiled Laws at no cost to the family. MMSE eligibility criteria are narrower than those for *Early On* and thus any child birth to age three who qualifies under MMSE is also eligible for *Early On*.

The percent of children eligible for MMSE was considered. Since the disaggregated data showed that those children eligible for MMSE were least likely to meet their targets for Indicator 3a, Summary Statement 2, consideration was given to service areas who serve a substantial percentage of children who are MMSE eligible so that improvement strategies implemented have a greater likelihood of improving their results.

The disaggregated data also pointed out that a large percentage of African American males were not meeting the child outcomes targets. Service areas that serve a high population of African American males were selected so that targeted improvement strategies may assist this population to improve their outcomes.

The SSIP Core team also considered several additional factors displayed by local data systems beyond those mentioned above: Special Education eligibility percentage, large recent count changes, and values for Indicators 1, 7, 8a, and 8c. Those service areas with more orderly data were chosen because their data are likely more reliable.

Fifty percent of the targeted service areas selected are Pathways to Potential communities, where specialized outreach to low-income families occurs. This factor was considered because of their focus on working with the entire family and engaging community partners in efforts to help families.

Consideration was given to those service areas who have participated in professional development opportunities related to child outcomes and social-emotional development, such as:
- Child Outcomes training,
- Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T) training,
- Social Emotional Webinar series participation, and
- Book Study participation.

Service areas with basic knowledge and training about the importance of social and emotional development were selected because of their willingness to seek out learning opportunities, as well as their possession of basic knowledge about social-emotional development.

Michigan selected the following as the Theory of Action, which is explained in more detail throughout Component 5 of the SSIP narrative.

If Michigan…
- Implements messaging about social and emotional development,
- Promotes the use of evidence-based practices,

- Provides professional development including training and coaching, and
- Improves data collection, reporting, and effective use of data,

…then there will be increasing social and emotional outcomes for all infants and toddlers and accelerated improvement of those in targeted service areas across the state of Michigan.

Component #1: Data Analysis

1(a) How Key Data Were Identified and Analyzed

Broad Data Analysis:
Michigan began conducting a broad data analysis with a meeting on April 23, 2014. Twenty-one stakeholders were present for this initial review of all data. Data for Part C reporting requirements are collected from three sources: 1) the Michigan Electronic Grants System *Plus* (MEGS+); 2) the Michigan Student Data System (MSDS); and 3) the Qualitative Compliance Information Project (QCIP) at Wayne State University (WSU), Michigan's confidential system for reporting family outcomes. Local lead agencies collect basic demographic data on all children enrolled in *Early On*, assigning a unique identification code (UIC) to each child. Those data are then uploaded from individual local data management systems into MSDS. MSDS builds a secure, confidential record of elements needed for federal reporting. A fourth data source, U.S. Census data, was also reviewed.

Public Sector Consultants (PSC), contractor for the state Continuous Improvement Monitoring System (CIMS), provided trend data for APR Indicators 1, 4, 7, and 8. CIMS is the monitoring system used by OSE and OGS/ECD&FE. The state uses this system to ensure compliance with IDEA and any state rule, and to promote outcomes. CIMS was designed to help the state and its locals analyze and interpret data, as well as record all monitoring activities in a single location. CIMS reflects the priorities of IDEA and the State Performance Plan (SPP).

The first data reviewed were the 618 data from MSDS. MSDS data are used for SPP/APR reporting for Indicators 2, 5, and 6. MSDS data can be found at: www.earlyondata.com. MSDS data revealed a declining trend in the number of infants and toddlers served, which could be due to a number of reasons:
- A change in the data system from Michigan Compliance Information Systems (MiCIS) to MSDS in October 2012.
- Michigan changed the funding formula (2011 and 2013) to make funding per Individualized Family Service Plan (IFSP) more equitable, but eliminated the factor of providing a small amount of funding per IFSP written, that some believe was an incentive to find and serve more children.
- The eligibility definition changed from "any delay" to a 20 percent delay in one or more domains (any delay for birth to two months of age), in September 2010.

Self-assessment data are used for SPP/APR reporting for Indicators 1, 7, and 8. Data were collected in the MEGS+ through a local self-assessment. All local early

intervention programs were required to select a random sample of children's records. Local early intervention programs were required to sample 10 percent of their snapshot count or a minimum of ten records, whichever was greater. Half of these records were used for reviewing Indicators 1 and 7. The other half were used for reviewing Indicator 8. A desk review of selected local service areas was completed by MDE to verify accurate reporting of self-assessment data. Corrections to the data were made for any identified discrepancies.

According to U.S. Census data, the birth rate in Michigan declined (143,800 in 1992; 129,500 in 2002; 112,700 in 2012). However, since Michigan met its APR targets for Indicators 5 and 6 for FFY 2012, this was not considered to crucially impact data for the SSIP.

PSC provided a data resource related to Compliance Indicators used within CIMS. This resource showed trend data on the SPP/APR Compliance Indicators as well as family outcome trend data, which the stakeholders reviewed and discussed.

Child and family outcome data collected for Indicators 3 and 4 were reviewed. The QCIP at WSU completes the analysis for both Indicators. Family outcome data have improved over the past four years. More families strongly agree that *Early On* has helped their child and family participate in the community; know about community services; and know where to go for help and support to meet their family's needs. All targets were met and since this area had been a primary focus since 2010, the stakeholders felt Michigan is on track to continue with improvements in this area.

Based on the FFY 2012 WSU data analysis, child outcomes were an area of concern. Child outcome targets were not met for three of the six measures. There is a downward trend for Summary Statement 2 for Indicators 3a, 3b, and 3c. Especially concerning was Indicator 3a which showed the percent of progress within age expectations declined across three years (2009-2012), from 63.4 percent to 57.7 percent. However, when compared nationally, Michigan's child outcomes were above the average (see pages 10 and 11 of Michigan Part C Systemic Improvement Plan presentation).

The consensus following the broad data analysis meeting was that the SIMR should focus on child outcomes, particularly looking at improving social and emotional development for infants and toddlers.

Focused Data Analysis:
An official SSIP Committee was formed in May 2014, consisting of more than 40 stakeholders. A SSIP Project Manager was selected, a timeline of activities and meeting dates was established, and a website was created: www.michigan.gov/ssip. The committee met regularly through March 2015 and had stated purposes and objectives for each meeting, which included broad and in-depth data analysis, broad and in-depth infrastructure analysis, root cause analysis, narrowing and refining the SIMR, developing coherent improvement activities, developing a theory of action, and submitting the plan for Phase I to OSEP by April 1, 2015.

The SSIP Committee requested additional disaggregated data from WSU for a more focused data analysis. WSU disaggregated the child outcomes data by ethnicity/race, gender, geographic region of the state, and duration of time enrolled in *Early On*. The SSIP Committee met in May 2014 to review the disaggregated data and asked for additional data from WSU around eligibility for MMSE, as Michigan is a birth mandate state, and the eligibility criteria for MMSE is more restrictive than the Part C eligibility criteria. The data were reviewed at the June meeting, and to dive deeper, WSU was requested to cluster the disaggregated data. In July, the cluster data were reviewed and confirmed what previously was hypothesized; that African American males, in urban settings, eligible for MMSE were least likely to achieve growth similar to same age peers when considering the social and emotional child outcome measures.

A Root Cause Analysis meeting was held in October with 39 stakeholders. During the meeting participants answered a triggering question, "**In light of the review of the data and infrastructure analysis, what are the contributing factors to the low performance of social and emotional development for infants and toddlers in *Early On*?"** Participants generated 79 responses/contributing factors related to the triggering question. Then each statement was organized into clusters and participants voted on their top five responses/contributing factors. Those with the highest number of votes were mapped into a flow chart which showed the deepest drivers. The deepest driver, or the factor most likely to impact the system, was: *Lack of understanding about the importance of nurturing social and emotional development among policymakers, the general public, parents, and some providers*. It was cycled with: *Professional preparation programs rarely include inter-professional education for understanding social and emotional development performance indicators resulting in lack of whole child approach in a parent andragogy*. Many other items were mapped that the SSIP Committee considered when developing improvement activities.

The Root Cause Analysis meeting provided an opportunity to reflect more deeply on the data as well as state infrastructure, and enabled the committee to identify contributing factors to low percentages of achievement on social and emotional outcomes for infants and toddlers. The summary from the Root Cause Analysis meeting can be found at:
http://www.michigan.gov/documents/mde/Part_C_State_Systemic_Improvement_Plan_-_Root_Cause_Analysis_473135_7.pdf.

1(b) How Data Were Disaggregated

WSU disaggregated data by special education eligibility, ethnicity/race, gender, geographic region of the state, and duration of time in *Early On*. The disaggregated data were then clustered and evaluated by WSU and shared with the committee.

The cluster data confirmed what previously was hypothesized; that African American males living in urban settings and eligible for MMSE were least likely to achieve growth similar to same-age peers in the area of social and emotional child outcomes.

In reviewing the data regarding eligibility, the committee looked at disaggregated data on children who were eligible for MMSE and children who were Part C only eligible.

For Summary Statement 2, approximately 70 percent of the children below age expectations (categories A, B, and C) were those in the subset eligible for MMSE. When comparing children eligible for Part C only and MMSE, there is a statistically significantly higher percentage of Part C only children who reach age expectations (categories D and E).

For ethnicity/race, the percentage of White children was statistically significantly higher ($p<.05$) than those reported for African-American children and higher than Hispanic or Latino and Multi-racial children in developing more like same-age peers for Indicator 3a for both Summary Statements.

When considering gender, the percentage of females who displayed more positive outcomes was higher than males for Summary Statement 1 and significantly higher than males for Summary Statement 2.

Consideration of geographic density of population based on similar-sized service areas found that for Indicator 3a, Summary Statement 2, the percentages of growth from infants and toddlers in metro areas and urban centers were statistically significantly lower ($p<.05$) than the percent of children in the other areas (rural, small sized cities, and medium sized cities).

Duration for children in the program for 6-12 months, 12-24 months, and 24-36 months was considered when disaggregating duration of time in *Early On*. For both Indicator 3a Summary Statements, those children in the program for the shortest duration (6-12 months) achieved growth similar to same age peers at a statistically significantly higher rate than the other two categories. It is suspected this is because those children in the program for a longer duration have greater needs and were identified sooner.

A cluster analysis was also done. The cluster analysis showed demographic characteristics that contributed to lower performance percentages which are: male, African-American, eligible for MMSE, and live in urban areas. The cluster that performed higher is females, White, Part C only, living in rural areas, small-size cities or medium-size cities.

Data suggest that in order to improve Summary Statement results, different reporting categories could be targeted. The reporting categories are:

    A. Did not improve functioning.
    B. Improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers.
    C. Improved functioning to a level nearer to same-aged peers but did not reach it.
    D. Improved functioning to reach a level comparable to same-aged peers.

E. Maintained functioning at a level comparable to same-aged peers.

Summary Statement 1's results would increase if more children fell into categories C and D. Summary Statement 2's results would increase if more children fell into categories D and E.

1(c) Data Quality

The data analysis uncovered a lack of standardization in several areas that were theorized to impact outcomes:
* The lack of a consistent measurement tool used across the state,
* The way the decision tree (ECO Center, revised 2012) is applied and used varies across providers and service areas,
* The use of parent involvement related to use of the decision tree varies, and
* The way the data are input varies across the state.

In addition, there are multiple data systems in use by local service areas. These variations may account for some under identification or other discrepancies.

Michigan has approved seven assessment tools that can be utilized by service areas. There is not one standard tool that all use. Discrepancy occurs in conjunction with the decision tree, family input, and professional expertise to make decisions about progress.

The DECA-I/T is sensitive enough to detect social and emotional delays and could be used in addition to an approved evaluation tool. Trainings on the DECA-I/T have been conducted around the state for service areas, but it is not used everywhere.

As part of the improvement strategy, one area that will be addressed is improving data collection, reporting, and effectively using the data. For the targeted service areas in the pilot, an SSIP team will work with the local service areas to explore and suggest improvements to the local data system. A greater description can be found under Component 4 where improvement strategies are discussed.

1(d) Considering Compliance Data

Compliance Indicator (1, 7, and 8) data comes from the annual service area self-assessment process. For FFY 2012, data were:
* Indicator 1 - 100%
* Indicator 7 - 97.5%
* Indicator 8a - 100%
* Indicator 8b - 100%
* Indicator 8c - 99.73%

The SSIP committee reviewed and concurred that Michigan was on track with the Compliance Indicators and the strength of these data did not present any potential barriers to improvement.

However, the data collection mechanism is slated to change from self-assessment to collection within MSDS in 2015-2016, and Michigan expects both the number of children enrolled and those meeting the required expectations of each compliance indicator to decline. A plan is in place to continue training service areas to improve the accuracy of the MSDS compliance data submissions, and to compare self-assessment data against MSDS for the first collection year in order to validate the expectations.

1(e) Stakeholder Involvement in Data Analysis

Staff from NCRRC provided support and technical assistance for the Data Analysis meetings. Contractors utilizing data from the MSDS, QCIP, and CIMS were in attendance and offered their expertise to the stakeholders. Also participating were MICC members, parents, service providers from urban and rural districts, *Early On* Coordinators from urban and rural districts, other Part C contractors, interagency partners, a representative from MAASE, and state Part C staff.

Michigan's Part B SSIP leads facilitated the Root Cause Analysis meeting. Additional stakeholders were invited to the Root Cause Analysis meeting and from that group, several individuals remained on the SSIP Committee, while others assisted by reviewing documents and providing expertise as needed. Representation from the following perspectives included: MICC members; parents; service providers from urban and rural districts; *Early On* Coordinators from urban and rural districts; Part C contractors; interagency partners; data contractors; experts in the field of social and emotional development; a RTT-ELC MDE state-level staff member; a representative from ECIC; a Part B, Section 619 representative; representatives from OSE with knowledge of policy and programs; representatives from MAISA and MAASE; a developmental pediatrician (who is also an MICC member); a representative from higher education; the Head Start State Collaboration director; an ISD special education director; a representative from the Autism Alliance of Michigan; and state Part C staff.

A Core team was also established to facilitate work outside of the larger committee meetings. The Core team supported the Project Manager and helped to plan and carry out SSIP Committee meetings. Membership consisted of MDE *Early On* staff, *Early On* Training and Technical Assistance (EOT&TA) leadership, the 618 data contractor, a parent, a service provider, and a developmental pediatrician.

Component #2: Analysis of State Infrastructure to Support Improvement and Build Capacity

2(a) How Infrastructure Capacity Was Analyzed

Michigan engaged in multiple ways to analyze the state infrastructure. In May, state staff visited local service areas in five regions around the state during System Update Meetings and involved the field in the SOAR Activity (Strengths, Opportunities, Aspirations, and Results). This information was used to understand what the field felt were *Early On*'s strengths, opportunities for improvement, what

they wanted for the system, and what results they would like to see. Results showed the field is able to collaborate internally and externally with other systems, but feel that more funding is needed for services. Striving for a more fluid and unified system would better help families have the confidence to utilize services and resources. The field would like to see an improvement in longitudinal data and more children reaching their functional outcomes while in *Early On*.

The SSIP Committee conducted a broad infrastructure analysis and a focused infrastructure analysis in August and September 2014. The committee used a tool developed by the Early Childhood Technical Assistance Center (ECTA) to critically assess governance, fiscal, quality standards, data, accountability and monitoring, professional development, and technical assistance. For each system component, the committee determined the strengths of each, as well as identified systemic issues that may present a barrier to the performance around social and emotional issues.

The Root Cause Analysis helped to bridge the information from the data analysis and infrastructure analysis. There were clusters of information that overlapped such as system alignment, professional development, data quality, and resources.

The SOAR activity aligned with the Root Cause Analysis by pointing to the need for more resources, families better engaging with the system, improved longitudinal data, and additional professional development opportunities.

The Infrastructure Analysis ECTA tool showed that Governance and Data were the two greatest areas of need for improvement. The development of improvement strategies took into consideration the need for:
- Implementing messaging about social and emotional development,
- Promoting the use of evidence-based practices,
- Providing professional development including training and coaching, and
- Improving data collection, reporting, and effective use of data.

Data analysis showed that African American male children, eligible for MMSE, and living in urban settings were least likely to achieve growth similar to same age peers when considering the social and emotional child outcome measures. These data fed into the selection of sites where the improvement strategies will be targeted. Criteria for selection were:
- Disaggregated APR data for Indicator 3a,
- APR data for Indicators 1-8,
- Child Outcomes reporting rate,
- Peer group size,
- Geographic location,
- Percent of children eligible for MMSE,
- Percent of African American male children,
- Data system orderliness,
- Child Outcomes training participation,
- DECA-I/T training participation,
- Pathways to Potential communities,

- Social Emotional Webinar series participation, and
- Book Study participation.

2(b) Description of the State Systems

The SSIP Committee looked at governance, fiscal, quality standards, data, accountability and monitoring, and professional development and technical assistance. For the complete analysis document, please visit: [Broad Infrastructure Analysis Guide](#).

2(c) Systems Strengths and Areas for Improvement

<u>Governance</u>
Strengths of the *Early On* system include the people in the system (contractors, state staff, the field), a participatory [MICC](#), including a strong parent voice, an updated State Plan, and a good system framework. MICC members attend regular meetings and take on important initiatives such as fiscal issues, service provision, addressing additional supports for infants and toddlers with feeding difficulties, improving family outcomes, improving communication with Head Start, and revisiting eligibility requirements for *Early On*. The infrastructure is in place statewide for LICCs, and there are strong partnerships with Great Start Collaboratives and Parent Coalitions at the local level. Michigan has a Great Start Operations Team of managers in state government and ECIC working to tie all the early childhood activities together and mechanisms for state agency deputy-level professionals to discuss barriers to more effective and collaborative practices across systems.

MDE's organizational structure includes Deputy Superintendents who report directly to the State Superintendent. The Office of Great Start (OGS) Deputy Superintendent who oversees *Early On*, is very supportive and works both within MDE so cross-office communication is improved, as well as working across agencies.

The report titled *Great Start, Great Investment, Great Future* was released in 2013, providing a blueprint for OGS including recommendations and principles for moving the state forward. *Early On* ties into the priorities within the report, and thus within the priorities for OGS. The new structure has helped elevate early childhood initiatives and has facilitated cross-office special projects regarding the responsibility of young children with disabilities.

Parents are an integral part of our infrastructure at the state level. There are five Governor-appointed parents on the MICC and two parent alternates. They form the [Parent Involvement Committee (PIC)](#), which is a standing committee of the MICC, and meet every six weeks. The Michigan Alliance for Families (MAF), also our Parent Training and Information Center (PTI), is a member of the PIC, and a contractor that helps to support parents of children in *Early On,* as well as parents of children eligible for special education. MAF has parent mentors statewide to support parents of children in *Early On* and Special Education. EOT&TA provides

membership to the PIC so that communication is consistent with training opportunities for parents as well as professionals. Interagency team members also are members of the PIC.

Michigan recently updated the draft State Plan which helps provide a framework for the system.

Early On Public Awareness supports public engagement and child find by providing statewide outreach to families and professionals so that families with children who may be eligible for *Early On* know that services are available. These activities assist Michigan in meeting SPP/APR targets for the identification of eligible children. Promotion of *Early On* through a unified campaign informs the general public by stating "If you suspect your infant or toddler has a delay in development, *Don't Worry, but Don't Wait. Call 1-800-EarlyOn.*" Marketing strategies include social media (Facebook and Twitter), outreach to primary referral sources (physicians, child care providers, parents) digital and print ads, billboards, and more. The *Early On* Michigan website features valuable information which draws the public to *Early On*, especially if there is a concern about the development of a young child. Additionally, ISDs utilize campaign resources for local outreach, engagement, and child find. All of these avenues will be tapped when implementing messaging about social and emotional development.

Fiscal
Strengths include dedicated people who attempt to fairly allocate funds for Michigan. The Comparing Early Childhood Systems: IDEA Early Intervention Systems in Birth Mandate States report was developed comparing the five birth mandate states' structures. One recommendation in the report is to expand state funding for Part C. The Financial Support Ad Hoc Committee of the MICC completed its charge around this topic in November 2014, and made a recommendation to the MICC to move forward with seeking state funds to support *Early On* services.

As a birth mandate state, special education services are available to children who meet eligibility criteria beginning at birth. Children eligible for Part C may also therefore, be found eligible for MMSE. When this is the case, some of the services on the children's IFSP may be financially supported with special education funding. A new section, Part 10, was added to MARSE on October 18, 2011. Part 10 more closely aligns MARSE with Part C of IDEA in order to ensure appropriate support for infants and toddlers and their families.

The *Early On* Michigan Foundation was created in 2011 to strengthen the *Early On* system by establishing other viable funding sources. Activities have included public awareness about the need for additional funding, gaining support for house and senate bills to create a fundraising license plate, and broadening the board to include strategic partners. In 2013, new board membership included representation from a marketing firm and Michigan's Children, a statewide advocacy organization advancing public policy to benefit children from birth to adulthood. The *Early On* Foundation and Michigan's Children have been successful

at raising the visibility of *Early On* and have created a coalition of partners to advance state funding as a priority for *Early On* Michigan.

The Michigan Office of the Auditor General recommended *Early On* serve all eligible infants and toddlers with appropriate levels of service provision, which set into motion a variety of approaches to secure additional funds to be used for early intervention services.

Quality Standards

MDE contracts with Clinton County Regional Education Service Agency's (RESA) Office of Innovative Projects to conduct personnel development activities. EOT&TA assists service areas in complying with the federal regulations and state policy related to *Early On* Michigan through in-service training and technical assistance. EOT&TA provides support, information, and training related to *Early On* processes, child development, developmental assessment of infants and toddlers, early intervention strategies, evidence-based practices, and state and national initiatives. Personnel development and resources are offered through face-to-face training on core early intervention topics, webinars, communities of practice, technical assistance to service areas, the *Early On* Conference, System Update meetings for *Early On* Coordinators, and the website.

Michigan developed Personnel Standards which highlight requirements needed to provide early intervention services to infants, toddlers and their families. In order to fulfill new requirements of the Personnel Standards, MDE has directed EOT&TA to develop five online modules to prepare personnel to support families with infants and toddlers in *Early On*, called the *Essentials of Early On*. They include:
1. *Early On* 101
2. IFSP Process
3. Procedural Safeguards
4. Facilitating Smooth and Effective Transitions
5. Foundations for Early Intervention
   a. Empathetic Communication
   b. Child Development
   c. Effective Home Visiting

The Child Outcomes Handbook outlines how providers measure and report child outcomes.

A companion piece to the State Plan, the *Early On Implementation Manual*, an online resource, is currently under development. This document is being developed with broad stakeholder input including state staff, technical assistance providers, agency partners, local administrators, local providers, and parents. The manual is designed to provide guidance to local service areas about all requirements of the *Early On* system. Each section first addresses why the requirement is important, followed by the statute, rules, and regulations in which the requirement is found. Guidance is then provided regarding what must take place to meet the requirement along with recommendations for implementation. Each section concludes with

resources and forms related to the topic being addressed. Sections of the document will become available on the EOT&TA website as they are completed.

Data
Strengths include contracted staff to analyze the data provided through MSDS, local self-assessment, and other sources. The Center for Education Performance and Information (CEPI) staff who support MSDS have worked with OGS to improve the data business rules and data accuracy. CEPI hosts the *Early On* Public reports*.

WSU has a state-of-the-art online and phone survey laboratory, along with protocols for follow-up and accessibility to surveys that has resulted in the 41 percent response rate to the family survey used for reporting Indicator 4. PSC's CIMS application provides formalized communication between the state and local districts for identification of determinations and subsequent completion activities. The Office of Innovative Projects analyzes MSDS reports for creation of 618 tables and APR data; they also create and maintain the service area profiles and 618 public reporting at www.earlyondata.com.

Monitoring and Accountability
Strengths include our partnership with OSE and use of CIMS. This system is used by the state to promote positive outcomes and ensure compliance with IDEA and MARSE.

CIMS was designed to help locals analyze and interpret data and keep track of all monitoring activities in a single location. CIMS reflects the priorities of IDEA and the SPP and is aligned with the School Improvement Framework. MDE uses CIMS for Part B and Part C monitoring; it acts as a central data reporting and communication hub for accountability. Service areas understand their performance on SPP Indicators through CIMS and communicate corrective action steps to designated MDE consultants via CIMS as well.

When non-compliance is identified, service areas are directed to follow up with their assigned EOT&TA Technical Assistance (TA) Specialist who support them in understanding root causes, development of corrective action plans, and implementation of change.

Professional Development and Technical Assistance
A key strength is the relationship-based approach to professional development. Each service area is assigned a Technical Assistance (TA) Specialist who serves as a resource on all areas of implementation of IDEA Part C. TA Specialists support compliance and the use of evidence-based practices. Additionally, TA Specialists host "*Early On* Coordinator Community of Practice" meetings where the service area level administrators are able to gather regularly and discuss current issues and requirements.

Another strength is the wealth of resources available through EOT&TA's website. A training calendar, registration, online training, tools for professional development, policies, regulations, and more are available at http://eotta.ccresa.org.

Another strength of Michigan's early intervention professional development system is the *Early On* Center for Higher Education, a sister project of EOT&TA. The *Early On* Center for Higher Education is Michigan's preservice initiative to support the development of highly qualified early intervention personnel to work with infants and toddlers, birth to three with disabilities and/or special needs, and their families. The *Early On* Center for Higher Education works with faculty at two-year and four-year colleges and universities to strengthen learning experiences for students so they are knowledgeable of *Early On* Michigan and competent in their future work with families of infants and toddlers. Currently the *Early On* Center for Higher Education is working to develop a voluntary credential for early intervention personnel that goes beyond the requirement stated in the new Personnel Standards.

A book study, *The Early Intervention Workbook: Essential Practices for Quality Services*, with Lynda Cook Pletcher and Naomi Younggren, took place and was sponsored by EOT&TA. The book provided foundational information about early intervention and gave service areas the opportunity to examine their service delivery system within a best practice framework.

In addition to looking at strengths for each component, the SSIP Committee discussed areas for improvement within each component of the state infrastructure. The two areas of greatest need include governance and data.

Governance- Factors contributing to low performance:
- High level of local control makes standardization difficult,
- The dual system (MMSE and Part C only)—policy direction is lacking around MMSE,
- LICC/Great Start Collaborative and how they function or don't function. There is concern that LICCs get lost in the Great Start Collaboratives and there's no accountability for LICCs,
- Fiscal monitoring for Part C needs to be increased, and
- There is a desire to connect birth-3 data to reading scores.

Data- Factors contributing to low performance:
- Practices in the field contribute to the accuracy or inaccuracy of the data.
- The inability to make changes quickly in MSDS and align manuals/rules is a barrier.
- Data from MSDS is not real time; the data report is received three to four months after each count date.
- With the decommissioning of MiCIS, local districts are struggling with data tracking. As result Michigan has a variety of vendors and it is challenging to inform the vendors of changes, etc.
- There are some data fields not collected that would be helpful to the system. Due to the Headlee amendment pertaining to an unfunded mandate, unless the fields are required federally, MDE cannot require it from the local service areas unless the state pays for the cost of collecting and reporting the data. This somewhat limits data collection capabilities. Gaps exist in what can be

asked such as: the number of children evaluated for *Early On* that were not found eligible, which would help determine the amount of staff time spent on evaluations that did not result in eligibility, and the diagnosis of the child.

- Longitudinal data are needed. A way to track a child who is not eligible for MMSE at transition, but at a later age is eligible for special education, is desired. It will be vital to start building reports that link *Early On* enrollment, length of service, and outcomes to the MSDS Longitudinal Data System.
- There is a need for increased data sharing across agencies and within the early childhood and health systems to ensure services are not duplicated but are appropriate for each child. However, this requires interagency agreements, MOUs, data sharing agreements, etc. that are constricted by the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).
- The state does have a means of accessing Medicaid data, but that is only for the children enrolled in Medicaid and does not account for the rest of the population enrolled in *Early On*. There have been attempts to share data with public health agencies such as DCH for the use of Early Hearing Detection and Intervention (EHDI), birth defects, and Children's Special Health Care Services (CSHCS) with varying degrees of success.
- There is a need for training the field how to collect and enter data correctly and interpret their own data and plan accordingly using data based decisions.

Building on the strengths as well as factors contributing to low performance identified during the infrastructure analysis, the existing initiatives and resources are tied to the improvement strategies. Promoting the use of evidence-based practices and providing professional development including training and coaching can be provided by the CSPD grantee, EOT&TA. Improving data collection, reporting, and effective use of data will be addressed with the help of the data contractors and state team. The Root Cause Analysis uncovered the need for broad public awareness and messaging about the importance of social and emotional development. EOT&TA will help with this activity. For detailed information about improvement strategies, see Component 4.

2(d) State-level Improvement Plans and Initiatives

During the September SSIP Committee meeting, participants developed a list of state initiatives and resources. Initiatives refer to special opportunities to increase knowledge, and resources are static items that contribute to Michigan's early childhood system. These multiple initiatives are aligned to achieve common goals and leverage available resources.

Michigan's early learning initiatives address the needs of infants and toddlers with disabilities and their families and are described below.

The Book Study with Lynda Cook Pletcher and Naomi Younggren took place and was sponsored by EOT&TA. Nine service areas took part in the book study, including one of the service areas targeted for the SSIP pilot, discussing the book: *The Early Intervention Workbook: Essential Practices for Quality Services*. The

book provided foundational information about early intervention and gave service areas the opportunity to examine their service delivery system within a best practice framework. All service areas that participated were in the process of making changes in their local system and used the book study as an opportunity to change to better serve children and families.

[Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T) Trainings](#)
The DECA-I/T is a standardized, norm-referenced, strength-based assessment that assesses protective factors and screens for social and emotional risks in very young children. Just like the preschool version, the DECA-I/T is completed by parents and caregivers of infants and toddlers.

The partnership with state-level mental health services for children and youth led the MICC to investigate increasing the capacity to identify and serve infants and toddlers with social-emotional needs, particularly as the Child Abuse Prevention and Treatment Act (CAPTA) expectation for referral began to be fully implemented. As a result, the DCH-Mental Health identified the DECA-I/T to appropriately detect and serve children, and has provided annual training and support in the use of this tool.

DCH has offered DECA-I/T Trainings around the state for many years. The focus is on giving the field a more specialized evaluation tool to evaluate and identify social and emotional delays in infants and toddlers. This ties into the SIMR because there is concern that infants and toddlers are not being routinely evaluated and identified for social-emotional delays. It is possible that the standard evaluation tool is not sensitive enough to detect social-emotional delays, or is under-utilized.

[Department of Human Services – (CAPTA)](#)
The CAPTA law requires children with substantiated cases of abuse or neglect to be referred to *Early On*. *Early On* personnel struggle with how to reach the parents, get parental consent, and work with vulnerable families. Children who have been involved in a substantiated case of abuse or neglect are at a substantial risk of experiencing subsequent development problems, including social emotional concerns. MDE and DHS continue to engage in a collaborative effort to identify and support infants and toddlers with developmental delays in this population of children. This requires an effective child find system which includes a focus on CAPTA referrals, training for professionals in child welfare and early intervention service providers, and technical assistance to local service areas to ensure proper evaluation and supports for these children and families.

[The *Essentials of Early On*](#)
The *Essentials of Early On* is a web-based training series designed to support the basic core knowledge and understanding of IDEA Part C Rules and Regulations, Michigan State Plan, and policy issues as related to *Early On* in Michigan. Furthermore, it promotes use of evidence-based practices related to home visiting, child development, and family-centered practice.

This training series was developed to support the implementation of the Personnel Standards and improve the qualifications of personnel providing service coordination, evaluations, and home visits for *Early On*. The *Essentials of Early On* includes five online training modules:
1. *Early On* 101
2. IFSP Process
3. Procedural Safeguards
4. Facilitating Smooth and Effective Transitions
5. Foundations for Early Intervention
    a. Empathetic Communication
    b. Child Development
    c. Effective Home Visiting

Increasing the qualifications of personnel is one piece of improving our outcomes for infants and toddlers.

Michigan Home Visiting Initiative
Michigan's early childhood home visiting programs provide voluntary, prevention-focused family support services in the homes of pregnant women and families with children aged zero to five. The programs promote positive outcomes in child health and safety, healthy development, and reduce family violence for those at-risk. Early identification of children in need of the expertise of *Early On* and connecting families to community resources will benefit the SSIP work.

Social & Emotional Webinar Series
The Social & Emotional Webinar & Coaching Call Series is sponsored by *Early On* and DCH, Division of Mental Health Services to Children and Families. The series includes six foundational webinars on typical and atypical social and emotional development of infants and toddlers, covering topics such as temperament, attachment, nurturing environments and more, using the National Center on the Social and Emotional Foundations for Early Learning (CSEFEL) standardized modules. Additionally, several coaching calls occur between webinars to provide a peer-to-peer learning community for sharing successes, barriers, and ideas for using information from the webinars.

Personnel gain a deeper understanding of foundational knowledge regarding social and emotional development when working with infants, toddlers, and families in the home or care-giving setting. This training series supports social and emotional development by giving practitioners opportunities to increase skills in this area. This training, and other similar trainings, is critical in addressing our identified focus area of social emotional health.

2(e) Representatives Involved

Representation included the following perspectives: MICC members, parents, service providers from urban and rural districts, *Early On* Coordinators from urban and rural districts, Part C contractors, interagency partners, data contractors, experts in the field of social and emotional development, a representative from the

MAASE, a developmental pediatrician, a representative from the Autism Alliance of Michigan, and state Part C staff.

A Core team was also established to work in between the larger committee meetings. The Core team supports the project manager and helps to plan and carry out SSIP Committee meetings. Membership consists of MDE *Early On* staff, EOT&TA leadership, the 618 data contractor, a parent, a service provider, and an expert in social and emotional development.

2(f)   Stakeholder Involvement in Infrastructure Analysis

Throughout the Infrastructure Analysis work, both internal and external stakeholders participated. Representation included all perspectives listed above.

Component #3: State Identified Measurable Result (SIMR)

3(a) SIMR Statement

Michigan's SIMR is:

> **To increase the social and emotional outcomes for infants and toddlers in targeted service areas as measured by Indicator 3a, Summary Statement 2, by 11.2 percentage points by 2018.**
>
> **Baseline data for Indicator 3a, Summary Statement 2, FFY 2013, for the targeted service areas are 40.4 percent and by 2018 the data for these areas will reflect an increase to 51.6 percent.**

Michigan selected four pilot service areas, based on criteria decided upon by the SSIP Core team and SSIP Committee. Factors for selection included:
- Disaggregated APR data for Indicator 3a,
- APR data for Indicators 1-8,
- Child Outcomes reporting rate,
- Peer group size,
- Geographic location,
- Percent of children eligible for MMSE,
- Percent of African American male children,
- Data system orderliness,
- Child Outcomes training participation,
- DECA-I/T training participation,
- Pathways to Potential communities,
- Social Emotional Webinar series participation, and
- Book Study participation.

The SIMR will measure Summary Statement 2. FFY 2013 data show that Michigan is making improvements in Summary Statement 1 and more focus should be on Summary Statement 2, where data show a downward trend. The four service areas selected are Macomb, Kent, Kalamazoo, and Marquette-Alger. They represent

multiple geographic regions and peer groups (urban, metro, and small city) around the state. The large urban areas contain the most children and have the most potential for improving performance statewide. However, since Michigan will be scaling up statewide, some smaller areas whose data reflected lack of progress were considered and one was selected so that strategies can be tried with smaller service areas, as well as large urban areas, to see what works.

By improving results of a targeted population of infants and toddlers in social and emotional outcomes, results will improve on a statewide basis by 6.7 percentage points over five years, which would meet the state target of 60.9 percent for Indicator 3a, Summary Statement 2. By implementing strategies in targeted service areas and evaluating the success of the strategies, the activities can be scaled up and shared statewide. **A presentation showing projected improvement for selected target areas outlines the research behind the projections and rationale for targets.**

3(b) Data and Infrastructure Analyses Substantiating the SIMR

The SIMR aligns with SPP/APR Indicator 3a, which measures the percent of infants and toddlers with IFSPs who demonstrate improved positive social-emotional skills. The SSIP Committee engaged in many steps prior to selecting the SIMR. A thorough data analysis was done over many months to look at all available data. Addressing social and emotional development rose to the top at the very first data analysis meeting. The committee reviewed disaggregated data around special education eligibility, ethnicity/race, gender, geographic region of the state, and duration of time in *Early On*. Initial strategies for improving results that emerged from the data analysis meetings were:
- Improving social emotional development for infants and toddlers,
- Professional development for staff (in addition to the *Essentials of Early On*) that includes content about helping parents understand their child's social/emotional development, and
- Identifying a standard tool for evaluating a child's social/emotional competence and vulnerabilities, provide trainings on the tool, and linking the results and progression measured with the tool to improved growth.

Cluster data were reviewed and confirmed what previously was hypothesized; that African American males, in urban settings, eligible for MMSE were least likely to meet their social and emotional child outcomes.

Broad, as well as, in-depth Infrastructure Analyses were completed over many months. The result of these analyses aligned with many things the committee discovered through the indicator data analysis. While our system is one with many strengths, addressing issues within governance and data were needed. Both analyses pointed to improving practices around collecting child outcome data. During the June SSIP Committee meeting, the group was presented with Child Outcomes 101; learning how the data were collected, what tools were used, how the scores were determined, and how parents were involved. The discussion that

occurred revealed there is variance across the state in the way child outcome scoring is carried out.

In October, 39 stakeholders participated in a Root Cause Analysis. The following triggering question was used, "In light of the review of the data and infrastructure analysis, what are the contributing factors to the low performance of social and emotional development for infants and toddlers in *Early On*?" The deepest root causes were the lack of understanding about the importance of nurturing social and emotional development among policymakers, the general public, parents, and some providers, and professional preparation programs rarely include inter-professional education for understanding social and emotional development performance indicators resulting in lack of a whole child approach in a parent andragogy. A cycle indicates mutual influence and addressing this cycle will likely have an impact on everything that is connected to it in the [influence map](). Additional factors include a lack of adequate funding, inequities in intensity of services, and lack of uniform coaching to build the confidence and competence of the parent/guardian.

The Root Cause Analysis pointed out that the general public does not understand the importance of social and emotional development. In addition, more could be done at the university level with preservice staff to increase understanding its importance. Improvement strategies will target these issues.

Positive aspects of the infrastructure have the capacity to support improvement of results related to the SIMR. State initiatives that would help support the SIMR include the Book Study with Lynda Cook Pletcher, the DECA-I/T trainings, working with DHS around CAPTA issues, the *Essentials of Early On* trainings, the Michigan Home Visiting Initiative, and the Social Emotional webinar series. These initiatives were explained in greater detail in Component 2(d) of the Infrastructure Analysis.

Resources include working within the Pathways to Potential (P2P) communities through activities funded through RTT-ELC. Michigan's successful application for RTT-ELC funds identified the importance of providers of early care and education having a firm knowledge in social-emotional health, and strategies for supporting young children in this development. The Department of Human Services has been implementing P2P in communities with significant percentages of families accessing public support programs. P2P places a human services enrollment specialist in a community school, with the expectation that families in need can meet with the specialist during the time children are in class. Building on these established sites and relationships, the RTT-ELC funds will place a social emotional specialist to work with the community of child care providers in order to strengthen their skills and knowledge.

3(c) SIMR as Child-Family-Level Outcome

Improving social and emotional development for infants and toddlers in targeted service areas is a child-level outcome. A family-level component will also be incorporated through specific improvement strategies so that families understand

social and emotional development and can implement activities to help their child in this domain.

Targeted areas will experience an accelerated rate of improvement over four years, given levels (intensive and moderate) of intervention. Refinement of interventions should begin to yield incremental positive externalities on other service areas, via:
- Use of formative information for professional development, technical assistance, and coaching;
- Data reporting improvement;
- Scaling up – replicate discovery process for other service areas; and
- Learning from the practices of service areas that are achieving successful results.

The criteria used to select the pilot service areas were:
- Geographic representation,
- Demographic representation,
- Performance data and quality, and
- Professional development history.

3(d) Stakeholder Involvement in Selecting the SIMR

The following stakeholders participated throughout the selection process of the SIMR: MICC members; parents; service providers from urban and rural districts; *Early On* Coordinators from urban and rural districts; Part C contractors; interagency partners; data contractors; experts in the field of social and emotional development; NCRRC staff; a RTT-ELC MDE state-level staff member; a representative from the ECIC (a public-private nonprofit entity focused on systems that support positive child outcomes); a Part B, Section 619 representative; representatives from OSE with knowledge of policy and programs; representatives from MAISA and MAASE; a developmental pediatrician (who is also an MICC member); a representative from higher education (offering preservice education and training for young children with disabilities); the Head Start State Collaboration director; an ISD special education director; a representative from the Autism Alliance of Michigan; and state Part C staff.

3(e) Baseline Data and Targets

Baseline data were determined, with the help of the QCIP at WSU, by looking at Indicator 3a, Summary Statement 2 data for the selected service areas. Targets were set through 2018.

Baseline data 2013	Target 2014	Target 2015	Target 2016	Target 2017	Target 2018
40.4%	38.0%	40.0%	42.9%	46.3%	51.6%

Many factors were considered in target setting including exit child outcome scores, past performance on Indicator 3a, Summary Statement 2, size, geographic location and anticipated intense and moderate intervention strategies. The following table

includes the targets for the pilot project, including individual targets for each of the service areas in the pilot project. The targeted interventions are anticipated to have a "ripple effect" on the statewide data.

	FFY2013 Ind 3 actual exit COS submitted (Ind 3A-SS2 denominator)		FFY 2013 (Ind 3A-SS2 numer-ator)	Ind 3A-SS2 Results FFY 2013	Projected Ind 3A-SS2 Results FFY 2014	Projected Ind 3A-SS2 Results FFY 2015	Projected Ind 3A-SS2 Results FFY 2016	Projected Ind 3A-SS2 Results FFY 2017	Projected Ind 3A-SS2 Results FFY 2018
Across 4 Target Areas	915	Percent share across 4 areas (weights)	370	**40.4%**	**38.0%**	**40.0%**	**42.9%**	**46.3%**	**51.6%**
Macomb	366	40.0%	89	24.3%	21.0%	24.0%	28.0%	33.0%	41.0%
Kalamazoo	73	8.0%	18	24.7%	23.0%	26.0%	30.0%	35.0%	43.0%
Kent	449	49.1%	248	55.2%	53.2%	54.2%	56.2%	58.2%	60.9%
Marquette-Alger	27	3.0%	15	55.6%	54.6%	55.6%	56.6%	58.6%	60.9%

Component #4: Selection of Coherent Improvement Strategies

### 4(a) How Improvement Strategies Were Selected

The SSIP Committee took into consideration the results of all activities, including the SOAR activity, data analysis, infrastructure analysis, root cause analysis, the birth to three initiatives and resources, and the SIMR discussions. At the November 2014 meeting, members engaged in a gallery walk to revisit each component. The Core team acted as guides at each station and discussed information and answered questions. Each exhibit had a one page write up for members to keep and reflect on during development of improvement strategies. These documents are posted on the website: www.michigan.gov/ssip. Next, the committee engaged in an activity called "Focusing Four," a consensus building process which began with the following question, "What improvement strategies might help Michigan increase social and emotional outcomes for infants, toddlers and their families?" Twenty-four possible improvement strategies were brainstormed, clarified, advocated for, and voted on. All of the activities were cross-walked with the Root Cause Analysis for consistency.

The Core team met and reviewed the improvement strategies and placed them into four broad strategies for the SSIP.

Broad strategies include:
- Implement messaging about social and emotional development,
- Identify and promote the use of evidence-based practices,
- Provide professional development including training and coaching, and
- Improve data collection, reporting, and effective use of data.

Stages: For each of the broad strategies, Michigan will engage in each of the following four stages. The following graphic represents the utilization of these stages which are represented in greater detail in the Theory of Action section.
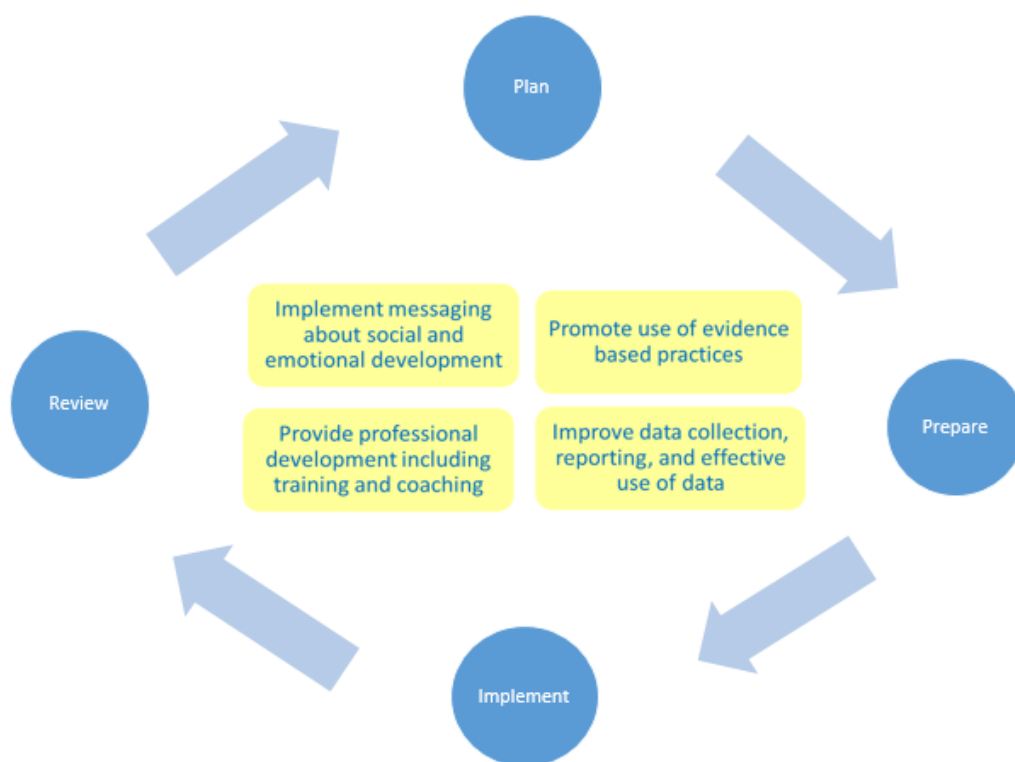
1. Discovery and Design Stage (Plan)
2. Training and preparation for implementation (Prepare)
3. Implementing improvement strategies (Implement)
4. Ongoing reflection and continuous feedback loop, including data reviews on a regular basis (Review)

The Discovery and Design Stage is what Implementation Science describes as the Exploration Stage. The SSIP team will take the time to explore what to do, how to do it, and who will do it, in order to save time and money and improve the chances for success. The team will begin with the targeted service areas, and will work with the service area staff to learn what is working well and where improvements can be made. One facet includes the broad strategy of improving data collection, reporting data accurately, and effectively using the data. Several elements necessary for effective collection of child outcome data will be explored so that the team can understand the process used in each service area. Information is needed about how COSs are completed and reported, what types of qualitative data can be gathered, what instruments are used to collect information, if and how the decision tree, family input, and professional expertise are being used. This will be more developed as Phase II of the SSIP begins, when SSIP teams are formed, and specific professional development and technical assistance needs are determined. It is likely that among the targeted service areas, the TA will vary according to

need. The Core team likened it to an IFSP; but in this case a Service Area Technical Assistance Plan (SATAP). The SATAP would be individualized and tailored to the needs of the service area, just like an IFSP is tailored to suit each individual child and family.

The SSIP team will additionally select high performing service areas to explore and learn what is working well and leading to successful child outcomes.

Based upon the needs identified in the SATAP, specific TA will occur with the selected areas. According to 303.112, service areas are charged to provide early intervention services founded on scientifically-based research. Therefore, TA will be focused on research-based strategies related to social-emotional development and skill acquisition in young children. In addition, research-based techniques will be used for professional development and training model implementation within the service areas incorporating elements of coaching and universal design for learning with providers and administrators to ensure optimal carryover of the techniques.

Early On Public Awareness will aid public engagement by providing statewide outreach to families and professionals about the importance of social and emotional development for infants and toddlers. Marketing strategies will include social media (Facebook and Twitter), outreach to primary referral sources (physicians, child care providers, parents) digital and print ads, billboards, and more. The *Early On Michigan website* will feature valuable information about the importance of social and emotional development.

The Data Flow Chart for Indicator 3 shows possible steps where data inconsistencies may occur. Since Child Outcome Summary Form (COSF) data entered into MSDS form the backbone for Indicator 3 data, this will be an area of exploration within each service area.

Data Flow Chart for Indicator 3

Service area creates IFSPs that specify MMSE eligibility and services. At the initial IFSP an entry COSF is required. Services listed on the IFSP are provided and when the child exits the program, an Exit COSF measures whether improvement occurred. The IFSPs, COSFs, eligibility, services and other demographic data are entered into their local data system. The local data is submitted to the state via MSDS. MSDS statewide data is given to WSU which creates outcome indicator values. Each stage can be evaluated for quality strengths and weaknesses.
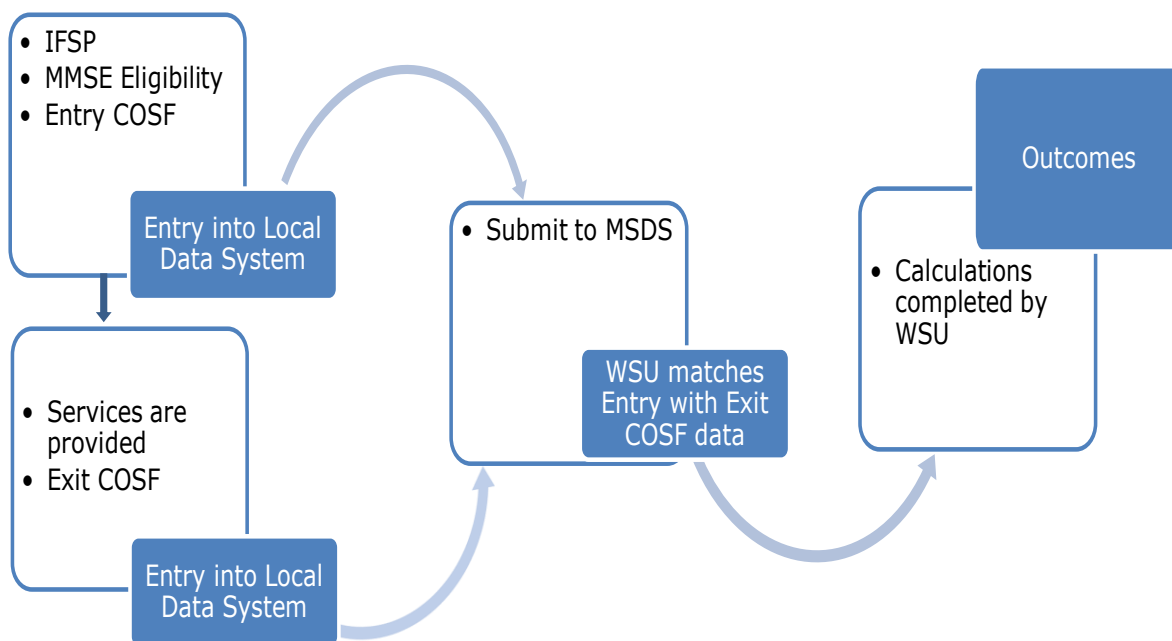
After the Discovery and Design Stage, the second stage will begin which is training and preparation for implementation. Once staff are adequately trained, the service area's infrastructure has been developed, evidence-based strategies have been identified, and a plan is in place, the implementation stage will begin. Ongoing reflection and data review are part of each stage and adjustments will be made so that the strategies are most effective. The Office of Special Education Programs (OSEP) Implementation Stages guidance document will be utilized so that all steps are followed in proper sequence.

4(b) How Improvement Strategies are Sound, Logical and Aligned

The improvement strategies were developed based upon the data analysis, infrastructure analysis, root cause analysis, and the SIMR discussion. There is current state capacity to implement the improvement strategies because they are aligned with many current state initiatives already in place. In targeted service areas, intense training and coaching will be given to the service providers so that

they understand how to work with families to improve their child's social and emotional development, how to correctly use a measurement tool, collect and input the data, and how social and emotional development fit into each of the other developmental domains. By engaging the family in the most effective ways, family outcomes may also increase.

During the Infrastructure Analysis, many state initiatives and resources were identified and the improvement strategies will align. The *Essentials of Early On*, currently in place, will be a component to the improvement strategies because each service area will be required to participate in the trainings. Each module has reference to child and family outcomes. The overall knowledge of service providers will increase around IDEA requirements, including social and emotional development.

All of the targeted service areas have participated in DECA-I/T trainings and data will be gathered to see what successes they have had related to implementing the DECA-I/T. This information will be used to scale up to other areas of the state. The DECA-I/T is easy to use, comprehensive, research-based, nationally standardized, reliable and valid, and meets or exceeds standards for high quality. It is also strength-based and builds the skills that are critical to a child's healthy growth and development. Furthermore, the DECA-I/T offers solutions that lead to significant, positive change.

One of the goals of the RTT-ELC grant is to involve more early learning and development providers in efforts to identify and promote children's physical and social-emotional health. The strategies and activities in the RTT-ELC project have a focus on targeted communities with large populations of children with high needs. The work will take place in P2P communities which is an opportunity for collaboration since half of the targeted service areas are P2P communities. By collaborating with both RTT-ELC and P2P, resources will be maximized. The goal is to gain leverage to support the SSIP work with the involvement in these larger scale initiatives.

Over the last year there has been a joint effort between MDE and DCH to provide webinars on typical and atypical social and emotional development of infants and toddlers. The topics included temperament, attachment, nurturing environments and more, using the National CSEFEL training modules. CSEFEL is a national resource center that disseminates research and evidence-based practices to early childhood programs across the country. These training modules focus on the Pyramid Model for supporting social emotional competence in infants and young children. This model is a positive behavioral intervention and support framework early educators can use to promote infant's and toddler's social and emotional development, and prevent and address challenging behaviors. The Pyramid Model organizes evidence-based practices that include universal promotion practices for all children, practices for children who need targeted social-emotional supports, and individualized behavior support practices for children with significant social skill deficits or persistent challenging behavior. Additionally, several coaching calls

occurred between webinars to provide a peer-to-peer learning community for sharing successes, barriers, and ideas for using information from the webinars.

Several early childhood organizations recently and prospectively have identified themes around social and emotional development for their annual conferences. This includes the Michigan Division for Early Childhood (DEC) and Michigan Association of Infant Mental Health (MIAIMH). This is another avenue for implementing statewide messaging about the importance of social and emotional development.

4(c) Strategies that Address Root Causes and Build Capacity

The Root Cause Analysis uncovered the need for educating the general public about the importance of social and emotional development and working with universities to intentionally embed social and emotional development within preservice curricula. One of the deepest drivers identified was to educate the general public and this will be addressed through expanded messaging. Improvement strategies will focus on implementing messaging about social and emotional development. To address concerns regarding assuring foundational knowledge of early intervention staff, the Early On Center for Higher Education will be engaged in designing specific activities that embed social emotional development in post-secondary curriculum.

The January 2015 SSIP Committee meeting included a presentation that summarized the plan for the improvement strategies from a culmination of work done through data analysis, infrastructure analysis, and root cause analysis. January 2015 presentation.

The improvement strategies are based on an implementation framework (plan, prepare, implement, review) and will support systemic change by starting with targeted service areas. The framework lends itself to constant review and evaluation to make adjustments if a particular strategy is not successful. By starting small with each strategy, as success is experienced, it will be scaled up to other service areas across the state.

4(d) Strategies Based on Data and Infrastructure Analysis

During the Focusing Four Consensus Building Activity in November 2014, the data, infrastructure, and root cause analyses drove the selection of the improvement strategies. Through the Gallery Walk, participants revisited all the work that had been accomplished leading up to this point. They also were equipped with the Influence Map when they suggested improvement strategies. The list of 24 activities was generated from information learned during the data, infrastructure, and root cause analyses.

In order to increase the social and emotional outcomes for infants and toddlers in targeted service areas by 2018, the improvement strategies address the needs within and across the system. *Early On* will collaborate with many statewide initiatives and resources, such as *Early On* Michigan Foundation, Michigan's

Children, Michigan DEC, 32p Block grant, RTT-ELC, P2P Communities, MAF, MDE's OSE and OGS, Michigan Department of Health and Human Services, and the Michigan Home Visiting Initiative.

Michigan's Children is a statewide independent advocacy organization working to ensure public policies are made in the best interest of children. *Early On* is working with Michigan's Children to obtain state funding for Part C. If successful, additional funds would be available to support infants, toddlers, and their families who have social and emotional delays.

The SSIP has afforded opportunities to establish connections across the educational arena, both internal to the MDE and external. The Office of Special Education is one such connection. The Part C SSIP project manager has worked collaboratively with the Part B SSIP Leads to ensure continuity and alignment. The SIMR for Part B is focused on improving reading. Foundations of early literacy development begin in infancy, with positive interactions between caregivers and babies; and research indicates a strong correlation between social-emotional outcomes and early learning. This connection, as well as many others, will be critical to the overall success in Michigan.

MDE, OGS has made early intervention a priority. In May 2013, OGS released a report titled, "Great Start, Great Investment, Great Future: The Plan for Early Learning and Development in Michigan." This plan was developed with the help of nearly 1,400 stakeholders from across the state. Implementation of this plan will enhance the coordination of Part C with the overall early childhood system, leading to improved interventions for children at risk and the identification of eligible children in need of *Early On* support. Specific outcomes that tie into *Early On* are:
- Children are healthy, thriving and developmentally on track from birth to third grade.
- Children are developmentally ready to succeed in school at the time of school entry.

32p Block grant
OGS manages the 32p Block Grant funds used for the work of Great Start Collaboratives and Parent Coalitions, as well as providing funding of early childhood programs for children from birth through age eight. Needs identified in a required community needs assessment are to be addressed with the awarded funds. These funds are a potential resource for the improvement of social-emotional development in young children, a major component of a Great Start system.

Michigan Home Visiting Initiative
The Michigan's early childhood home visiting programs provide voluntary, prevention-focused family support services in the homes of pregnant women and families with children aged zero to five. The programs are designed to promote positive outcomes in child health and safety, healthy development, and reduce family violence for those at-risk. Early identification of children in need of the expertise of *Early On* and connecting families to community resources will benefit the SSIP work.

Other initiatives and resources including the *Early On* Michigan Foundation, RTT-ELC, Michigan DEC, MAF, and P2P have been discussed previously in the report.
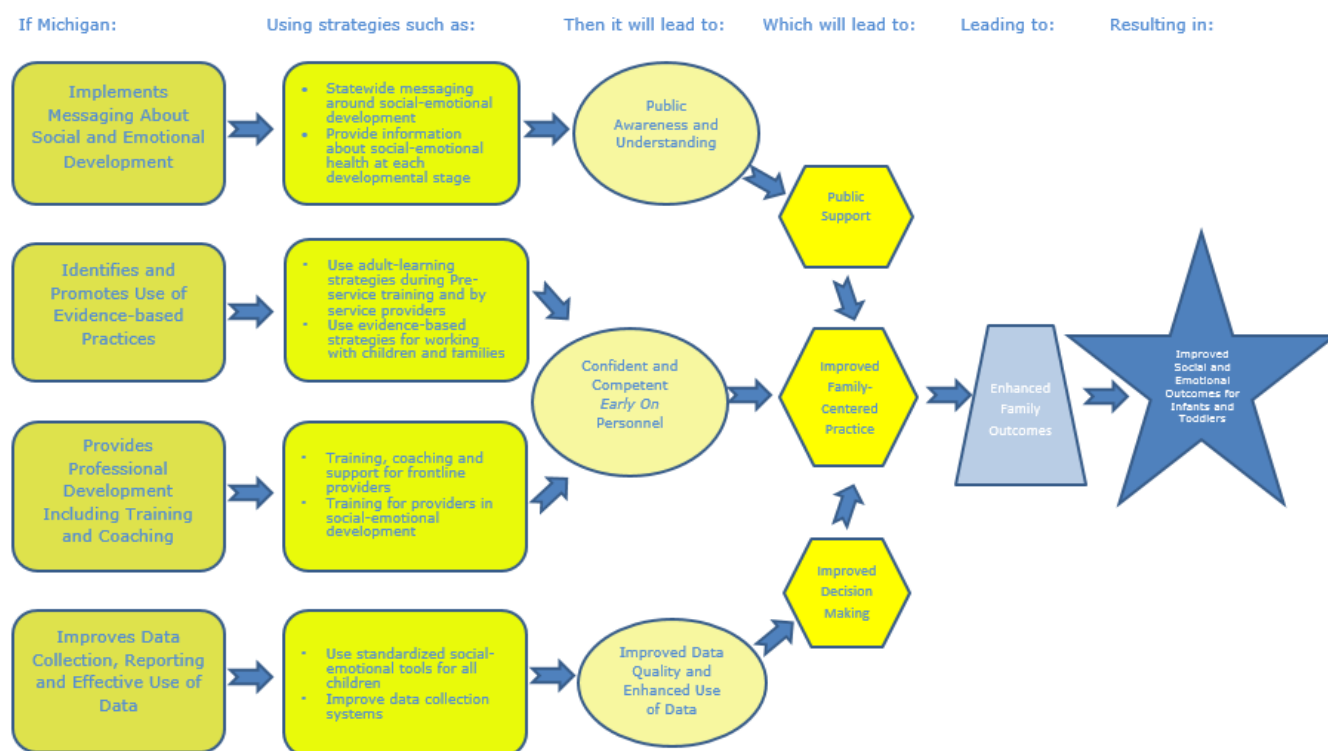
By implementing evidence-based practices, early intervention service providers in the targeted service areas will be more highly trained in understanding social and emotional development. The service providers will also be better equipped to work with vulnerable families of infants and toddlers with social and emotional delays. Utilizing the model of plan, prepare, implement, and review, Michigan will be able to constantly improve practices and scale up the pieces that are most successful.

4(e) Stakeholder Involvement in Selecting Improvement Strategies

Stakeholders involved in the selection of improvement strategies included: MICC members, parents, service providers from urban and rural districts, *Early On* Coordinators from urban and rural districts, Part C contractors, interagency partners, data contractors, experts in the field of social and emotional development, MAASE, a developmental pediatrician (who is also an MICC member), a representative from ECIC, the Head Start State Collaboration director, and state Part C staff.

Component #5: Theory of Action

5(a) Graphic Illustration

If Michigan…
- Implements messaging about social and emotional development,

- Identifies and promotes the use of evidence-based practices,
- Provides professional development including training and coaching, and
- Improves data collection, reporting, and effective use of data,

Using strategies such as…
- Statewide messaging around social-emotional development,
- Providing information about social-emotional health at each developmental stage,
- Using adult learning strategies during preservice training and by service providers,
- Using evidence-based strategies for working with children and families,
- Training, coaching and support for frontline providers,
- Training for providers in social-emotional development,
- Using standardized social-emotional tools for all children, and
- Improving data collection,

Then it will lead to…
- Public awareness and a greater understanding of social-emotional development and the important role it plays in a child's growth, and
- Confident and competent *Early On* personnel who have a solid foundational understanding about social-emotional development as well as how to work with families to bolster their child's development in this domain,

Which will lead to…
- Public support,
- Improved family-centered practices, and
- Improved decision-making,

Leading to…
- Enhanced family outcomes,

Resulting in…
- Improved social and emotional outcomes for infants and toddlers.

The steps and strategies listed above will be implemented in the targeted service areas with support from MDE, EOT&TA, WSU, members from the SSIP Core team, and the local service areas. In order to be successful, changes at the state level will include increased funding to support additional public awareness materials, more intense training and coaching, and teaming with the Center for Higher Education to address the preservice needs. The goal is that these efforts will lead to increasing social and emotional outcomes for all infants and toddlers and accelerate the improvement of those in targeted service areas across Michigan.

5(b) How Improvement Strategies Will Lead to Improved Results

The following strategies explain the rationale underlying the Theory of Action.

1. **Implement messaging about social and emotional development:**
   - **Statewide messaging around social-emotional development**
   - **Provide information about social-emotional health at each developmental stage**

During the Root Cause Analysis, the deepest driver was: Lack of understanding about the importance of nurturing social and emotional development among policymakers, the general public, parents, and some providers. Therefore, statewide messaging and public awareness about the importance of social-emotional development is needed to educate the general public about this domain. If the public understands the importance of having a secure attachment and the long-term benefits it reaps, such as more positive interactions with peers and adults, improved communication skills, higher scores on language and cognitive measures, decreased feelings of fearfulness and defensiveness, as well as decreased levels of the stress hormone cortisol, then the child will perform better in school and have a more positive outlook on life. Including a family component is necessary so that parents understand the importance of developing a strong emotional bond with their child and the long term benefits that may result because of it.

Furthermore, a focus for Michigan is improving third grade reading levels. Infants and toddlers with strong social and emotional skills will fare better in school because they will have higher self-esteem and better ability to deal with stress.

2. **Identify and promote the use of evidence-based practices:**
   - **Use adult-learning strategies during preservice training and by service providers**
   - **Use evidence-based strategies for working with children and families**

3. **Provide professional development including training and coaching:**
   - **Training, coaching, and support for frontline providers**
   - **Training for providers in social emotional development**

The rationale for both strategies 2 and 3 tie into the second deepest driver identified during the Root Cause Analysis, which is: Professional preparation programs rarely include inter-professional education for understanding social and emotional development performance indicators resulting in lack of whole child approach in a parent andragogy.

A focus will be around working with the Center for Higher Education, which is part of Michigan's CSPD, to include the social-emotional domain as part of the curriculum. In addition, an infrastructure will be identified and maintained so that providers would receive training around social and emotional development which would help with identification and service delivery.

Before implementing a strategy, it will be researched to assure that it is evidence-based and produces positive results.

By providing professional development including training, coaching and support for the front line providers, they will be better equipped to work with the vulnerable families of infants and toddlers with social and emotional needs. The training will include strategies for working with the parents as well. In addition, all providers will receive training around social and emotional development which will increase identification and improve service delivery.

The result will be a confident and competent field of *Early On* personnel who are well versed in family-centered practices.

4. Improve data collection, reporting, and effective use of data:
   - **Use standardized social/emotional tools for all children**
   - **Improve data collection systems**

The Infrastructure Analysis identified data as one area that needs improvement. To address data concerns, an SSIP team will begin with the targeted service areas, and will work with the service area staff to learn what is working well and where improvements can be made. To learn what is occurring around data collection and reporting, the team will explore how COSs are completed and reported, what types of qualitative data are available, what instruments are being used to collect information, if and how the decision tree, family input, and professional expertise is being used.

Currently there are seven state-approved assessment and evaluation tools being used to measure social and emotional development. By selecting and promoting state identified tools that are sensitive enough to pick up social and emotional delays, more children with delays will be identified. Goals for improving social/emotional development would be listed on the IFSP and services would be received, therefore the child's social and emotional developmental needs would be addressed and would improve.

Improving data collection and reporting is the first step in understanding and trusting the data. By doing so, the valid and reliable data will be used for learning and understanding what types of additional improvement activities are needed to meet child outcomes.

By implementing the above strategies, the SIMR will: **Increase the social and emotional outcomes for infants and toddlers in targeted service areas as measured by Indicator 3a, Summary Statement 2, by 11.2 percentage points by 2018.**

5(c) Stakeholder Involvement in Developing the Theory of Action

Both internal and external stakeholders were involved in developing the Theory of Action. The following stakeholders participated in the development: MICC members, parents, service providers from urban and rural districts, *Early On* Coordinators from urban and rural districts, Part C contractors, interagency partners, data contractors, experts in the field of social and emotional development,

MAASE, a developmental pediatrician (who is also an MICC member), a representative from ECIC, the Head Start State Collaboration director, and state Part C staff.